


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

APPROVED
AND
FILED

04 APR 22 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000989	
1. Entity Name SEVEN STARS CAPITAL PARTNERS, LTD.	

Principal Place of Business 15871 SW 14TH STREET PEMBROKE PINES, FL 33027	Mailing Address 15871 SW 14TH STREET PEMBROKE PINES, FL 33027
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



03112004	Chg-LP	CR2E003 (10/03)
4. FEI Number 11-3696776	<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHARY, RANGA 15871 SW 14TH STREET PEMBROKE PINES, FL 33027	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$2,039,746.00
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000024325	STREET ADDRESS	
NAME	SEVEN STARS CAPITAL MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	15871 SW 14TH STREET		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		
DOCUMENT #		STREET ADDRESS	900035819089
NAME		CITY-ST-ZIP	05/10/04--01067--007 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *K. J. Chavez* **04/15/04** **904-435-2287**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #